510(K) Premarket Notification

510 (k) SUMMARY OF SAFETY AND EFFECTIVENESS

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

The assigned 510(k) number is:

K001584

Applicant information:

Date Prepared:

May 15th, 2000

Name:

Metro Optics of Austin, Inc.

Address

15802 Vision Drive Pflugerville, TX 78660

Contact Person: Phone number:

Mr. Steve WEbb (512) 251-2382

USA Consultant:

Medvice Consulting, Inc.

Martin Dalsing

Phone number

(970) 243-5490

Device Information:

Device Classification:

Class II

Classification Number:

LPL

Classification Name:

Lenses, Soft Contact, Daily Wear

Trade Name:

MetroFocal Toric (hioxifilcon A) Soft (Multifocal) Daily

Wear Contact Lens (Clear & Blue Visibility Tint, Lathe-cut

from Lens Blank)

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Equivalent Devices:

The MetroFocal Toric (hioxifilcon A) Soft (Multifocal) Daily Wear Contact Lens is substantially equivalent to the following predicate devices in terms of intended use and design. Predicate devices include:

Soft Contact Lens

1. UCL Multifocal Toric

2. OCU-FLEX 53

3. HORIZON 55 BI-CON TORIC

Manufacturer

United Contact Lens

Ocu-Ease Optical

Westcon Contact Lens

Device Description:

The MetroFocal Toric (hioxifilcon A) Soft Daily Wear Contact Lenses are fabricated from hioxifilcon A, which in the dry (unhydrated) state may be machined and polished. The hydrophilic nature of this material allows the lens to become soft and pliable when immersed in an aqueous solution.

In the hydrated state, the lens conforms to the curvature of the eye covering the cornea and extending slightly beyond the limbus forming a colorless, transparent optical surface. The MetroFocal Toric (hioxifilcon A) Soft Contact Lenses are available as a multifocal lens with a spherical front surface and aspherical back surface serving two functions; the correction of visual acuity in persons who possess refractive astigmatism not exceeding 10 diopters and are presbyopic. The MetroFocal is designed with a spherical central zone for distance and an aspherical progressive add multifocal zone, as well as the edge shape being optimized to provide comfort without sacrificing tensile strength. The lenses are available in clear and with a blue visibility-handling tint, phthalocyanato (2) - (copper). The hydrophilic characteristics allow aqueous solutions to enter the lens and in its fully hydrated state the lens is approximately 55% water by weight. The physical properties of the lens are:

1.515 (dry) 1.404 (hydrated) **Refractive Index**

Phthalocyanine Blue **Color Pigment Name** greater than 95% T Light Transmission (clear) greater than 95% T Light Transmission (tinted)

55 % **Water Content** ± 2%

Specific Gravity

1.308 (dry) 1.136 (hydrated) $\mathbf{Dk} = \mathbf{20} \times 10^{-11} \text{ (cm}^2/\text{sec)} \text{ (ml O}_2/\text{ml x mm Hg @ 35}^{\circ}\text{C)}, \text{ (revised)}$ Oxygen Permeability

Fatt method)

Intended Use:

The MetroFocal Toric (hioxifilcon A) Soft (Multifocal) Daily Wear Contact Lenses for daily wear are indicated for the correction of visual acuity in aphakic and not aphakic persons with non-diseased eyes with myopia or hyperopia and/or possesses refractive astigmatism not exceeding 10 diopters and are presbyopic. The lens may be disinfected using a chemical system and is available in a planned replacement Program.

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Substantial Equivalence:

The device will be manufactured according to specified process controls and a quality assurance program. The device will undergo manufacturing, packaging and sterilization procedures similar to devices currently manufactured, marketed and distributed by Metro Optics. The established safety profile (pre-clinical toxicology and manufacturing/chemistry data) of the device is equivalent to the BENZ-G 5X, 510(k) K952620. Being similar with respect to indications for use, materials, physical construction and safety & effectiveness to the predicate devices, this meets the requirements per section 510(k) of the act regarding substantial equivalence and <u>does not raise</u> different questions of safety and effectiveness than the predicate devices identified above.

The following matrix illustrates that the production method, lens function and material of the MetroFocal Toric (hioxifilcon A) Soft (Multifocal) Daily Wear Contact Lenses are substantially equivalent to the predicate devices. In addition, the water content, polymer, DK value, refractive index, specific gravity, and light transmission are as well substantially equivalent to the predicate devices.

Substantial Equivalence Matrix

	Substantial Equivalency	MetreFecal Teric	UCL Multifocal (prodicate device)	Horizon 55 BICON (predicate device)
1.)	Intended Use	Daily wear, Soft (hydrophilic) contact lens, for the presbyopic patient	Daily wear, Soft (hydrophilic) contact lens, presbyopic	Daily wear, Soft (hydrophilic) contact lens, presbyopic
2.)	Indication	Correction of visual acuity in aphakic and not aphakic persons with non-diseased eyes with myopia or hyperopia sand are presbyopic	Correction of visual acuity in aphakic and not aphakic persons with mon-diseased eyes with myopia or hyperopia sand are presbyopic	Correction of visual acuity in aphakic and not aphakic persous with mon-diseased eyes with myopis or hyperopia sand are presbyopic
3.)	DESIGN	Simultaneous Vision Multifocal (distance, intermediate, near)	Simultaneous Vision Multifocal (distance, intermediate, near)	Simultaneous Vision Bifocal (distance, near)
4)	LENS FUNCTION	Refractive medium that focus light rays from distant, intermediate and near objects on the retina, while compensating for refractive error.	Refractive medium that focus light rays from distant, intermediate and near objects on the retina, while compensating for refractive error.	Refractive medium that focus light rays from distant, intermediate and near objects on the retina, while compensating for refractive error.
5.)	MATERIAL	hydrophilic (hioxifilcon A)	hydrophilic (ocufilcon C)	hydrophilic (methafilcon A)
٤)	Dk Value	20	18.8	18.8
7.)	PRODUCTION METHOD	Lathe-out	Lathe-out	Lathe-cut



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUN 1 3 2000

Metro Optics of Austin, Inc. C/o Mr. Martin Dalsing 623 Glacier Drive Grand Junction, CO 81503

Re: K001584

Trade Name: MetroFocal Toric (hioxifilcon A) Soft (Multifocal) Daily Wear Contact

Lens (Clear & Blue Visibility Tint, Lathe-cut from Lens Blank)

Regulatory Class: II Product Code: 86 LPL Dated: May 15, 2000 Received: May 22, 2000

Dear Mr. Dalsing:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

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This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-6413. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Mancy C. Brogdon
Nancy C. Brogdon
Acting Director

Division of Ophthalmic and Ear, Nose and Throat Devices

Office of Device Evaluation

Center for Devices and Radiological Health

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INDICATIONS FOR USE STATEMENT

Device Name:	MetroFocal Toric (hioxifilcon A) Soft (Multifocal) Daily Wear Contact Len (Clear & Blue Visibility Tint, Lathe-cut from Lens Blank)	S
INDICATIONS FO	R USE:	
are indicated for the c	c (hioxifilcon A) Soft (Multifocal) Daily Wear Contact Lenses for daily wear correction of visual acuity in aphakic and not aphakic persons with non-diseased operopia and/or possesses refractive astigmatism not exceeding 10 diopters and one may be disinfected using a chemical system and is available in a planned	
(PLEASE DO OT	Concurrence of CDRH, Office of Device Evaluation (ODE)))
Prescription Use <u>x</u> (Per 21 CFR 801.10	or Over-The-Counter Use _ (Optional Format 1-2-96)	

Division of Ophthalmic Devices 510(k) Number <u>K001584</u>

(Division Sign-Off)